

KIMBROUGH AMBULATORY CARE CENTER, FORT GEORGE G. MEADE, MD 20755-5800
MEDICINE CABINET REQUEST FORM

SECTION I - PATIENT'S CERTIFICATION

1. I certify that:
 - a. I do not wish to see a provider for advice before receiving the medication indicated below.
 - b. I understand that the medication is for use only in minor illnesses/conditions.
 - c. If symptoms persist for more than 48 hours, I will consult a medical professional.
2. I further certify that I am not:
 - a. On flying status or allergic to any medication I have selected.
 - b. Intending to use the medication for any purpose other than that recommended on the package labeling.
 - c. Under the age of 18 years.

Patient's name	Signature	Prefix-SSN	Date
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SECTION II - MEDICATIONS

(There is a limit of 4 medications per family per week. Misuse of this program will result in loss of prescribing privileges.)

Drug names appearing below in parenthesis are of commonly used brand/trade names and are used as examples only.

PAIN/FEVER:

- ☐ Acetaminophen 325mg (Tylenol equiv) tabs 50s
- ☐ Acetaminophen 160mg/5ml oral liquid 120ml
- ☐ Acetaminophen 80mg chewable tabs 30s
- ☐ Acetaminophen 80mg/0.8ml oral drops 15ml
- ☐ Ibuprofen 100mg/5ml (Motrin equiv) 120ml
- ☐ Ibuprofen 200 mg (Motrin equiv) tabs 24s

ALLERGY/SINUS:

- ☐ Diphenhydramine (Benadryl equiv) 25mg caps 24s
- ☐ Diphenhydramine (Benadryl equiv) 12.5mg/5ml 120ml
- ☐ Pseudoephedrine (Sudafed equiv) 30mg tabs 24s
- ☐ Pseudoephedrine (Sudafed equiv) 30mg/5ml 120ml
- ☐ Saline Nasal Mist 30ml
- ☐ Pseudoephedrine/Brompheniramine (Dimetapp equiv) 120ml

COUGH:

- ☐ Guaifenesin (Robitussin equiv) 120ml
- ☐ Guaifenesin/Dextromethorphan (Robitussin DM equiv) 120ml

ANTACID/STOMACH UPSET/GASTRIC:

- ☐ Alum/Mag OH (Maalox/Mylanta equiv) 12oz
- ☐ Bismuth Subsalicylate (Pepto Bismol equiv) 30s
- ☐ Loperamide (Imodium AD equiv) 2mg caps 12s
- ☐ Milk of Magnesia liquid 12oz
- ☐ Simethicone (Mylicon equiv) drops 30ml

TOPICAL PRODUCTS:

- ☐ Clotrimazole 1% (Lotrimine equiv) 15Gm
- ☐ Hydrocortisone Cream 1% 30Gm
- ☐ Pyrethrum/piperonyl (RID equiv) Shampoo 120ml
(Limited to one bottle per family member.)
- ☐ Salicylic Acid 17% Sol (Wart off/Compound W equiv)

MISCELLANEOUS:

- ☐ Carbamide 6.5% (Debrox equiv) ear drops 15ml
- ☐ Clotrimazole vag (Gyne-Lotrimin equiv) 45Gm
- ☐ Condoms 12s

SECTION III - PATIENT FEEDBACK

To assist us to serve you better in the future, please answer the following questions:

1. If this service were not available, would you have requested a same day appointment today? ☐ Yes ☐ No
2. Is purchasing an over-the-counter medication a hardship for your family? ☐ Yes ☐ No
3. Did you use the Nurse Triage Telephone Line today or in concert with this prescription? ☐ Yes ☐ No
4. Why are you requesting this medication? ☐ Stock up at home ☐ Treatment *Please specify:* _____
5. What other medications would you like to see added to this list? _____

6. Can you think of any additional health promotion activities that you would like Kimbrough Ambulatory Care Center to provide?

